UPDATE CPO / HRO INFORMATION

for

Injury and Unemployment Compensation Program Administrators

1. Name (Last, First, MI):	**2. Organization / Installation:**
3. Phone Number (Commercial, DSN):	**4. Fax Number (Commercial, DSN):**
5. Street Address (Line 1, Line 2)	**6. City** **State** **Zip Zip+4**
7. E-MAIL Address:	**8. Position Title:**
9. What program do you manage? ☐ **IC** ☐ **UC** ☐ **IC and UC**	**10. Other Program Contact(s) (Name):**

11. DOL Injury Compensation Chargeback Code (4 digit 2 alpha). Please specify all codes serviced by your CPO/HRO. If more room is needed please continue in item 13.
 	
    4 Digit   2 Alpha
 	
a.
 	
b.
 	
c.
 	
d.
 	
e.
 	
f.
	12. Submitting Office Number (SON) or Personnel Office Identifier (POI). Please specify all codes serviced by your CPO/HRO. If more room is needed please continue in item 13.
	
	    SON/POI
	
	a.
	
	b.
	
	c.
	
	d.
	
	e.
	
	f.

13. Additional Information:	